

FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

FSSA Program Name: _____	Submitted on: _____
Provider Contact Person: _____	Telephone: () _____
Fax Number: _____	E-mail Address: _____
Provider's Legal Name: _____	
Provider's d/b/a Name: _____ (doing business as)	
Provider's FID/EIN/SSN: _____	
Provider's Legal Status: _____	
<input type="checkbox"/> Individual/Sole Proprietor	
<input type="checkbox"/> Corporation Indicate: <input type="checkbox"/> For-Profit <input type="checkbox"/> Nonprofit	
<input type="checkbox"/> Government Indicate: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Township <input type="checkbox"/> Other	
<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Partnership Is it a LLP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all partners: _____	
<input type="checkbox"/> School Corp. Indicate list # as assigned by the Dept. of Education # _____	

Director: _____	Name: _____	Title: _____
Office/Street Address: _____ (Main Location)	Street: _____	County: _____
	City: _____	State: _____
	Zip Code: _____	
	Confidential Address? Yes or No	Internet Address: _____
	Phone#: () _____	Phone#: () _____
	Fax#: () _____	Toll-Free#: () _____

Mailing Address: _____	Street/POB: _____
	City: _____
	State: _____
	Zip Code: _____

Claims Payment A Address Street: _____	
<small>This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.</small>	
City: _____	State: _____
	Zip Code: _____

How frequently do you wish to claim for reimbursement? _____	Monthly - 12 claims	Semi-Monthly - 24 claims
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Term of Contract Requested: _____
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County(ies) for which funding is requested.	Circle all that apply.
01 Adams	13 Crawford
02 Allen	14 Daviess
03 Bartholomew	15 Dearborn
04 Benton	16 Decatur
05 Blackford	17 Dekalb
06 Boone	18 Delaware
07 Brown	19 Dubois
08 Carroll	20 Elkhart
09 Cass	21 Fayette
10 Clerk	22 Floyd
11 Clay	23 Fountain
12 Clinton	24 Franklin
25 Fulton	26 Gibson
27 Grant	28 Greene
29 Hamilton	30 Hancock
31 Harrison	32 Hendricks
33 Henry	34 Howard
35 Huntington	36 Jackson
37 Jasper	38 Jay
39 Jefferson	40 Jennings
41 Johnson	42 Knox
43 Kosciusko	44 LaGrange
45 Lake	46 LaPorte
47 Lawrence	48 Madison
49 Marion	50 Marshall
51 Martin	52 Miami
53 Monroe	54 Montgomery
55 Morgan	56 Newton
57 Noble	58 Ohio
59 Orange	60 Owen
61 Parke	62 Perry
63 Pike	64 Porter
65 Posey	66 Pulaski
67 Putnam	68 Randolph
69 Ripley	70 Rush
71 St. Joseph	72 Scott
73 Shelby	74 Spencer
75 Starke	76 Steuben
77 Sullivan	78 Switzerland
79 Tippecanoe	80 Tipton
81 Union	82 Vanderburgh
83 Vermillion	84 Vigo
	_____ Statewide

Is this a female-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a minority-owned* business? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	Is there minority participation**? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
<small>*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%. **If not minority-owned, enter % of minority participation.</small>	

Name/Title of persons authorized to sign legal documents and contracts.	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____